

Healthy Buildings Pilot Program

Questionnaire/Application

If you would like your building to be considered for participation in the program, please provide information requested below, by (date). For information about the Pilot Program, contact...

ABOUT THE BUILDING

Building address:

Building Ownership	Building Management
<input type="checkbox"/> Private individual	<input type="checkbox"/> Resident manager
<input type="checkbox"/> Residents own units	<input type="checkbox"/> On-site management office
<input type="checkbox"/> Private real estate company	<input type="checkbox"/> Off-site management
<input type="checkbox"/> Municipally owned (housing authority)	<input type="checkbox"/> Condo/HOA board
<input type="checkbox"/> Non-profit	

Building type (check all that apply)

- ☐ Public housing
- ☐ Low-income/affordable housing
- ☐ Market rate rental apartments
- ☐ Condos
- ☐ Other _____

Total number of units in complex: _____

Number of adjacent units in one standalone building that would participate in this pilot (example: "10 units in one stand-alone building (out of 6 buildings total)"): _____

Building construction year: _____

Size of units (range, ex. 1-2, 1-3): _____ bedrooms, _____ bathrooms

Approximate area of units: _____ square feet

Residents in participating units (estimate)

Single people _____%

Families / roommates _____%

Primary languages spoken (list) _____

Please list any major known construction or maintenance issues in the proposed building (i.e., drainage issues, leaks or moisture issues, plumbing problems, broken windows, foundation damage, roof problems, unventilated bathrooms, overhanging trees, excessive vegetation, large cracks or gaps, missing window screens or door sweeps)

Please return this form via email to _____ or fax to _____

TRASH MANAGEMENT

Does this building or complex:

- ☐ Recycle
- ☐ Compost
- ☐ Collect green waste for pickup?

Please describe the location of the trash/recycling area:

Do tenants use a trash chute? Y/N _____

BUILDING PEST CONTROL PRACTICES

Do you maintain records of pest complaints and services provided that you can share with this program if your building is selected? (yes/no) _____

How satisfied are you with the current pest management program at your site? (circle one: 5=very satisfied, 1=very dissatisfied, 0=don't know/prefer not to answer)

5 4 3 2 1 0

Does management have a contract with a pest control company? (yes/no) _____

If yes:

Name of company providing service: _____

Who manages the contract? _____

Frequency and scope of professional services (check all that apply):

How often does the company:	Monthly	2-3 times / year	Annually	When tenants complain	When tenants move out	Never
Inspect for pests?						
Perform pest-proofing tasks?						
Spray around the outside of the building?						
Treat inside units?						
Treat the whole building?						

If management or custodial staff performs pest control tasks:

How often do you	Monthly	2-3 times / year	Annually	When tenants complain	When tenants move out	Never
Inspect for pests?						
Apply pesticides?						
Perform pest-proofing tasks?						

Do you think your tenants/residents use pesticides on their own, rather than calling you? (circle)

Yes No Don't know

Please return this form via email to _____ or fax to _____

Do you provide pest control products to tenants when they complain? (yes/no)_____

If yes, what products? (Check all that apply)

- ☐ Foggers, bombs, or sprays
- ☐ Baits
- ☐ Insect traps
- ☐ Mouse/rat traps
- ☐ Other _____

What pests have caused problems in the proposed building in the past two years? (Check all that apply)

- ☐ Ants
- ☐ Cockroaches
- ☐ Fleas
- ☐ Mice/rats
- ☐ Bed bugs
- ☐ Other _____

Do you have records of pest control calls and services provided for the past two years that you can share with this program? (Yes/no)_____

Any other comments? _____

Building Owner or Manager name _____

Owner _____ Manager _____

Address _____

Email _____

Phone _____ FAX _____